Effective October 1, 2001

Application	or	Docket	Numbe
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m- 9511 US

			 									
CLAIMS AS FILED - PART I (Column 1)			(Colui	mn 2)	SMALL ENTITY TYPE		OR	OTHER THAN R SMALL ENTITY				
TOTAL CLAIMS		16				Γ	RATE FEE			RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		В	ASIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			/6 minus 20=		* 6			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			9 minus 3 =		*			X42=		OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT								+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter "0" in column 2							L	TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL E	NTITY	OR	OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=		X42=		OR	X84=	
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN	T CLAIM			+140=.		OR	+280=	
								TOTAL		OR	TOTAL ADDIT. FEE	
ADDIT. FEE ON ADDIT. FEE ON ADDIT. FEE ON ADDIT. FEE												
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	* NTATION OF MI	Minus	***	T CL AIM	=		X42=		OR	X84=	
	FINOT FRESE	T.	JEHIPLE DEF	ENDEN	CLAIN		' [+140=		OR	+280=	
		'					A	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)			mn 2)	(Column 3)						
AMENDMENTC		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDM	Total -	*	Minus	**		=		X\$ 9=		OR	X\$18=	,
ME	Independent _.	* -	Minus	***		=		X42=			X84=	
٩	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN	T CLAIM		▎├	X12=		OR		
*	f the entry in colu	mn 1 is less than t	ho ontre in och	mn 2 umil	e "O" in co	lump 3	L	+140=		OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
		ber Previously Pa					er foun	d in the app	ropriate box	k in co	lumn 1.	